

Commonwealth of Massachusetts
Request for Verification of Taxation Reporting Information
(Massachusetts Substitute W-9 Format)

Pursuant to IRS regulations, vendors & customers must furnish their Taxpayer Identification Number (*TIN*) to the Commonwealth. Vendors must complete, sign, and return this form before payments may be made.

LEGAL NAME (List legal name, if joint names, list first & circle the name of the person whose TIN you enter in Part 1 below. See **Specific Instructions** on back page if your name has been changed).

LEGAL ADDRESS - Number & Street, (include suite or apt# when possible) **City, State and Zip** (include 9 digit Zip when available)

IF REMITTANCE (PAYMENT) ADDRESS IS DIFFERENT FROM YOUR LEGAL ADDRESS, PLEASE FILL IN BOXES PROVIDED BELOW.

REMITTANCE ADDRESS (number & street, include suite or apt# when possible).

PART III TAX - EXEMPT

REMITTANCE CITY, STATE, ZIP (include 9 digit ZIP when available).

PHONE #

☐ Check if your organization is recognized by the IRS as Tax Exempt (*i.e.*, 501(c))?
If claiming Tax Exempt Status, attach the IRS ruling or Determination Letter or this status will not be recognized by the Commonwealth of Massachusetts.

PART I - TIN VERIFICATION

Enter your Taxpayer Identification number (TIN) in the appropriate box. (Enter either SSN **OR** EIN. **DO NOT** enter both)

Social Security Number (SSN)

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OR

Employer Identification Number (EIN)

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See **CHART B**

PART II - ORGANIZATION TYPE

Enter your organization type. Obtain Organization Type Letter from Chart B

Organization Type

☐

PART IV - UPDATE TO EXISTING W-9

☐ A Request for Verification of Taxation Reporting Information has been previously filed with the Commonwealth under this TIN. This report replaces that form.

Please attach supporting documentation specified in instructions on back of this form under Updates.

CHART A - WHAT NAME TO GIVE THE REQUESTER

CHART B - ORGANIZATION TYPE

For this type of Account:	Give the Name and SSN OR EIN	For this type of vendor:	Type
<input type="checkbox"/> Individual	The individual - SSN ONLY	Individual - SSN	I
<input type="checkbox"/> Sole Proprietorship	The owner (Show individual's name) SSN or EIN	Sole Proprietorship - SSN or EIN	I
For this type of Account:	Give the Name and Employer Identification Number of:	Partnership - EIN	P
<input type="checkbox"/> A valid trust, estate, or pension trust	Legal entity (do not furnish the identification number of the personal representative or trustee unless the legal entity itself is not designated in the account title).	Trust - EIN	T
<input type="checkbox"/> Corporation	The corporation	Corporation (including Mexico & Canada) - EIN	C
<input type="checkbox"/> Association, club, religious, charitable, or other tax-exempt org.	The organization is associated with Other in CHART B	Other - EIN <i>Please explain on line provided below.</i>	O
<input type="checkbox"/> Partnership	The partnership	Additional instructions are provided on the back of this form	
<input type="checkbox"/> Broker or registered nominee	The broker or nominee		

If you select an organization type of "O" (Other), please explain why?

I have read and understand the Commonwealth's Tax Reporting Information (*Please check box*). ☐

Under penalties of perjury, I declare that I have examined this request and to the best of my knowledge and belief, all information I have supplied is true, correct, and complete.

Signature

____/____/____
Date

Please print or type your name & title

____/____/____
Date